BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		T	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS					1		ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4/ minus 20=		. 21			X\$ 9=		OR	X\$18=	378_
INDEPENDENT CLAIMS			6 minus 3 =		3		Ī	X40=		OR	X80=	240
MULTIPLE DEPENDENT CLAIM PRESEN								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	L	TOTAL	,	OR	TOTAL	1328
CLAIMS AS AMENDED - PART II								•		,	OTHER	THAN
		(Column 1)		(Column 2) (Column 3)				SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5.01.415.4	=		X40=		OR	X80=	
	HIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
		A	DDIT. FEE		JON,	ADDIT. FEE						
	general communication of the c	(Column 1) CLAIMS		(Colui		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F OL AINA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEF	ENDEN	CLAIM		' [+135=		OR	+270=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column_3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╽┟	X40=			X80=	
	FIRST PRESE	ULTIPLE DEF	PENDEN	T CLAIM		╽┟	A40=		OR	X0U=		
				0	. 401	O		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		her Previously Pa					er four	nd in the and	ropriate ho	in co	lumn 1.	

Application or Docket Number